

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000485

1. Entity Name
HORIZONS WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
3401 GULF DRIVE
HOLMES BEACH, FL 34217

Mailing Address
3401 GULF DRIVE
HOLMES BEACH, FL 34217



07042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGARI, WANDA
3401 GULF DRIVE, #122
HOLMES BEACH, FL 34217

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FIGARI, WANDA
STREET ADDRESS 3401 GULF DRIVE, #122
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE V
NAME MATURO, BOB
STREET ADDRESS 3401 GULF DRIVE
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE S
NAME BINDLEY, MIKE
STREET ADDRESS 3401 GULF DRIVE
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE T
NAME FIGARI, LOU
STREET ADDRESS 3401 GULF DRIVE
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE D
NAME MATURO, DIANE
STREET ADDRESS 3401 GULF DRIVE, #111
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE D
NAME ANDERSON, GREG
STREET ADDRESS 3401 GULF DR. # 112
CITY-ST-ZIP HOLMES BEACH, FL 34217

U00000376684
08/19/05-80001-019 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wanda Figari*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wanda Figari

7/5/05

DATE

941-778-3218

Daytime Phone #